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FILING DATE MULTIPLE DEPENDENT CLAIM **FEE CALCULATION SHEET** (FOR USE WITH FORM PTO-875) **CLAIMS** AFTER 1st AMENDMENT AS FILED 2nd AMENDMENT DEP. DEP. IND. DEP. IND. DEP. IND. DEP. Crancel concel TOTAL IND. TOTAL IND. TOTAL DEP. TOTAL * MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-1360 (REV. 3-78)

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